

Mail in donation form for Ministry of Presence – Helping the children of Haiti

Yes, I want to envision a better world. Here is my one-time donation:

Select an amount (100% tax deductible)			
<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$75	<input type="checkbox"/> \$1,000
<input type="checkbox"/> Other: _____			

BILLING INFORMATION:

Name: _____ PRINT: First Name – MI – Last Name

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Business Phone:** _____

Email Address: _____

This is an honor or memorial gift in the name of: _____

PAYMENT INFORMATION:

Please mail or fax your donations to:
Ministry of Presence Inc. P.O. Box 784 - Oneco FL 34264 - 0784

◆ Check:

I have enclosed my check for \$ _____ payable to **MINISTRY OF PRESENCE Inc**

◆ Credit Card:

Visa | MasterCard | American Express | Discover

Card No.: _____ Expires on (MM/YY): _____

CVV: _____ (Your CVV, or Credit Card Verification Value, is required as a security measure to reduce the risk of credit card fraud. MasterCard or Visa: 3-digit CVV is on the back of your card at the end of your account number. American Express: 4-digit CVV is on the front of the card above your account number.)

Name: _____

(Please enter your name above exactly as it appears on your credit card)

Enter your billing address below. If it is exactly the same as the address provided above, leave this area blank.

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

TOTAL \$ _____